24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC	
	C C00530766
Check if X 24-hour report 48-hour report New report Amends report filed	d on
Full Name of Payee	Date of Public Distribution/Dissemination
The Lukens Company	M M / D D / Y Y Y Y
Mailing Address 2800 Shirlington Rd	10 29 2018 Amount
City State Zip Code	19833.84
Arlington VA 22206	Transaction ID : SE.10161 Date of Disbursement or Obligation
Purpose of Expenditure Voter Mail Category/ Type 004	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:
TESTER, JON, , ,	President State: MT
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
The Lukens Company	M M / D D / Y Y Y Y
Mailing Address 2800 Shirlington Rd	10 30 2018
2000 Chillington Nu	Amount
City State Zip Code	19833.84
Arlington VA 22206	Transaction ID : SE.10159
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Voter Mail Oddegory 004 Type 004	10 30 2018
Name of Federal Candidate Support Office	ce Sought: House District:
TESTER, JON, , ,	President Senate State: MT
	pursement For: Primary
Per Election for Office Sought 117687.68 2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	39667.68
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	39667.68
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	